

CO FILE # 000000-000000  
PCEXBA 000082539

01S0195, 1089050246, WV142



CDI Corporation  
PR Cntct # 800-616-5520  
125 Lakeview Dr  
Suite D  
Cross Lanes, WV 25313

Taxable Marital Status: M

Federal: 2 Addl\$: 0.00  
State (WV): 2 Addl\$: 0.00  
Local: 0 Addl\$: 0.00

Earnings	Rate	Hours	This Period	Year-to-Date
STF ST TM	15.6300	70.00	1094.10	4220.10
STF PDO	15.6300	10.00	156.30	156.30
STF FLOAT			0.00	375.12
STF HOL			0.00	250.08
Gross Pay			1250.40	5001.60

#### Deductions Statutory

Federal Withholding Tax	-54.35	-217.40
Social Security Tax	-73.64	-294.56
Medicare Tax	-17.22	-68.89
WV Withholding Tax	-43.00	-172.00

#### Deductions Other

*Medical	-50.33	-201.32
*Dental	-9.67	-38.68
*Vision	-2.66	-10.64

Net Pay: 999.53

\* Excluded from federal taxable wages

## Earnings Statement

Page 001 of 001  
Period Beginning: 01/30/2017  
Period Ending: 02/12/2017  
Advice Date: 02/16/2017  
Advice Number: 0000970763  
Batch Number: 07H120001

JESSICA STOLER  
2122 21ST ST  
NITRO, WV 25143-0000

#### Other Benefits and

Information	This Period	Year-to-Date
<u>PDO</u>		
Carried Forward-		-33.23
Accrued YTD+		16.15
Used YTD-		10.00
Adjust YTD+		0.00
Current Balance-		-27.08

ENT CHECK # 970763

#### Important Notes

Employer Identification Nbr: [REDACTED]



CDI Corporation  
125 Lakeview Dr  
Suite D  
Cross Lanes, WV 25313

Advice Number: [REDACTED]

Advice Date: 02/16/2017

Deposited to the account of

JESSICA STOLER

Account Number Transit ABA Amount

xxxxx5128

051900366

999.53

THIS IS NOT A CHECK

STOLER\_PENNYMAC\_000670

## Customer Certification and Consent

I certify that all of the information in this RMA is truthful and the hardship(s) identified above has contributed to submission of this request for mortgage relief.

I authorize and give permission to the Servicer, and its respective agents, to assemble and use a current consumer report on all borrowers obligated on the loan, to investigate each borrower's eligibility for assistance and the accuracy of my statements and any documentation that I provide in connection with my request for assistance. I understand that these consumer reports may include, without limitation, a credit report, and be assembled and used at any point during the application process to assess each borrower's eligibility thereafter.

I understand that the Servicer will use the information I provide to evaluate my eligibility for available relief options and foreclosure alternatives, but the Servicer is not obligated to offer me assistance based solely on the representations in this document or other documentation submitted in connection with my request.

If I am eligible for assistance and I accept and agree to all terms plan, or agreement, I also agree that the terms of this Certification are incorporated into such notice, plan, or agreement by reference as if set forth therein in full. My first timely payment, if required, following my Servicer's determination and notification of my eligibility or prequalification for assistance will serve as my acceptance of the terms set forth in the notice, plan, or agreement sent to me.

I consent to being contacted concerning this request for mortgage assistance at any e-mail address or cellular or mobile telephone number I have provided to the Servicer. This includes text messages and telephone calls to my cellular or mobile telephone.

1349751 0221 1 000129 001923 015/015

Jessica Stoler Jessica Stoler [REDACTED] 3-1-17  
 Borrower Signature Borrower Name Social Security Number Date

Co-Borrower Signature

Co-Borrower Name

Social Security Number

Date

118 2671292 330945 3853 15/15

Form **4506T-EZ**

(Rev. August 2014)

Department of the Treasury  
Internal Revenue Service**Short Form Request for Individual Tax Return Transcript**

OMB No. 1545-2154

▶ Request may not be processed if the form is incomplete or illegible.

▶ For more information about Form 4506T-EZ, visit [www.irs.gov/form4506tez](http://www.irs.gov/form4506tez).

**Tip.** Use Form 4506T-EZ to order a 1040 series tax return transcript free of charge, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946.

**1a** Name shown on tax return. If a joint return, enter the name shown first.

Jessica Stoler

**1b** First social security number or individual taxpayer identification number on tax return**2a** If a joint return, enter spouse's name shown on tax return.**2b** Second social security number or individual taxpayer identification number if joint tax return**3** Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

2122 21st St. Nitro, WV 25143

**4** Previous address shown on the last return filed if different from line 3 (see instructions)**5** If the transcript is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number. The IRS has no control over what the third party does with the tax information.

Third party name

PennyMac Loan Services

Telephone number

866-629-4570

Address (including apt., room, or suite no.), city, state, and ZIP code

6101 Condor Drive, Moorpark, CA 93021

**Caution.** If the tax transcript is being mailed to a third party, ensure that you have filled in line 6 before signing. Sign and date the form once you have filled in this line. Completing this step helps to protect your privacy. Once the IRS discloses your IRS transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

**6** Year(s) requested. Enter the year(s) of the return transcript you are requesting (for example, "2008"). Most requests will be processed within 10 business days.

2014

2015

2016

**Note.** If the IRS is unable to locate a return that matches the taxpayer identity information provided above, or if IRS records indicate that the return has not been filed, the IRS will notify you or the third party that it was unable to locate a return, or that a return was not filed, whichever is applicable.

**Caution.** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am the taxpayer whose name is shown on either line 1a or 2a. If the request applies to a joint return, either spouse must sign. **Note.** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Sign  
Here

Signature (see instructions)

Date

Jessica Stoler

3-1-17

Phone number of taxpayer  
on line 1a or 2a

304-989-0516

Spouse's signature

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 54185S

Form **4506T-EZ** (Rev. 08-2014)**STOLER\_PENNYMAC\_000672**






## Borrower's Authorization Form

### Authorization to Release Information

To Whom It May Concern:

1. The undersigned Borrower and Co-Borrower (if any) (individually and collectively, "Borrower"), authorize PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.
2. PennyMac Loan Services, LLC will take reasonable steps to verify your identity, but it has no responsibility or liability to verify the identity of any third party. PennyMac Loan Services, LLC also has no responsibility or liability for what a third party does with such information.
3. This Third-Party Authorization is valid when signed by all Borrowers and Co-Borrowers named on the mortgage and until PennyMac Loan Services, LLC receives a written revocation signed by any Borrower or Co-borrower.
4. A copy of this authorization may be accepted as an original.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:


Jessica Stoler

3-1-17  
 Borrower Signature Borrower Name Social Security Number Date

\_\_\_\_\_  
 Co-Borrower Signature Co-Borrower Name Social Security Number Date

### ~~Non-Borrower (Contributor)~~

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan of the Non-Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I, Jessica Stoler, occupy the home at 2122 21st St and request my income be included in the review for a modification on the loan secured by the property address above.

This consent for a credit bureau report will expire upon completion of the modification review.

NAME (Non-Borrower) \_\_\_\_\_ Date: \_\_\_\_\_

Non-Borrower Social Security Number \_\_\_\_\_





# APPLICATION FOR MORTGAGE ASSISTANCE MONTHLY EXPENSES

- Complete each category or place an "X" in the N/A column if the expense doesn't apply to you

Expense Category	N/A	Monthly Payment	Comments
First Mortgage Principal & Interest payment		\$ 707.	
Second Mortgage Principal & Interest payment	X	\$	
Homeowners Insurance	X	\$	
Property Taxes	X	\$ included	
HOA/Condo Association		\$ —	
Life/Health Insurance	X	\$ comes out of paycheck	\$62
Auto Loan/Lease		\$ 342.	
Gas Company		\$ 115.	
Water & Power		\$ 120. 150.	
Phone		\$ 173.	
Cable		\$ 175.	
Internet		\$ w/ cable	
Trash		\$ 25.	
Groceries/Food		\$ 450.	
Car Gas		\$ 150.	
Car Insurance		107.	
Medical Expenses (Not covered by insurance)		\$ 85.	
Child/Spousal Support	X	\$	
Total Credit Card Payments		\$ 185.	
Other (please specify)		\$ 100.	work expenses
Other (please specify)	X	\$	
Total Debt/Expenses		\$ 2884.	

STOLER PENNYMAC\_000674

# REQUEST FOR MORTGAGE ASSISTANCE Income

## Monthly Household Income

- Fully complete each section of the form. Indicate N/A if the category doesn't apply
- Refer back to the Quick Reference Guide for help completing any income categories

Borrowers Full Name:		Co-Borrowers Full Name:		Contributor (If applicable) Full Name:	
Jesica Lynn Stoler					
Monthly Gross Wages	\$ 2500.80	Monthly Gross Wages	\$	Monthly Gross Wages	\$
Overtime	\$ no	Overtime	\$	Overtime	\$
Self-employed income	\$ no	Self-employed income	\$	Self-employed income	\$
Unemployment Income	\$ no	Unemployment Income	\$	Unemployment Income	\$
Untaxed Social Security/SSD	\$ no	Untaxed Social Security/SSD	\$	Untaxed Social Security/SSD	\$
Taxable Social Security /Retirement	\$ no	Taxable Social Security /Retirement	\$	Taxable Social Security /Retirement	\$
Food Stamps or Welfare	\$ no	Food Stamps or Welfare	\$	Food Stamps or Welfare	\$
Alimony /Child Support*	\$ no	Alimony /Child Support*	\$	Alimony /Child Support*	\$
Tips, commission and bonus	\$ no	Tips, commission and bonus	\$	Tips, commission and bonus	\$
Gross Rents	\$ no	Gross Rents	\$	Gross Rents	\$
Other (Explain)	\$ —	Other (Explain)	\$	Other (Explain)	\$
Other (Explain)	\$ —	Other (Explain)	\$	Other (Explain)	\$
Total Gross Income	\$ 2500.80	Total Gross Income	\$	Total Gross Income	\$

Number of people in household: 3	Number of dependents in household: 2
If you included contributor income above, provide the following:	
Full Name:	Phone Number:
	Monthly Mortgage Contribution:
Contributions by people not on the mortgage will require verification	
Explanation of mortgage contributions: (Describe frequency, agreements, terms)	

\*You are not required to disclose Child Support, Alimony or Separation Maintenance income, unless you choose to have it considered for your loan modification application.

STOLER\_PENNYMAC\_000675



# REQUEST FOR MORTGAGE ASSISTANCE Employment History

- All borrowers must include two years of employment history
- Add additional pages, if needed

BORROWER		CO-BORROWER	
Are you currently employed? (Y/N) <u>yes</u>		Are you currently employed? (Y/N)	
Are you self-employed? (Y/N) <u>no</u>		Are you self-employed? (Y/N)	
Most recent employer name: <u>CDI Corp</u>		Most recent employer name:	
Business Address: <u>Cross Lanes, WV</u>		Business Address:	
Business Phone #: <u>304-776-3819</u>		Business Phone #:	
Monthly Income (before tax): \$ <u>2500.80</u>		Monthly Income (before tax): \$	
Start Date (MM/DD/YY): <u>1-27-12</u>	End Date (MM/DD/YY): <u>Still employed</u>	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Employer Name: <u>See date above</u>		Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax): \$		Monthly Income (before tax):	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):
Employer Name:		Employer Name:	
Business Address:		Business Address:	
Business Phone #:		Business Phone #:	
Monthly Income (before tax): \$		Monthly Income (before tax): \$	
Start Date (MM/DD/YY):	End Date (MM/DD/YY):	Start Date (MM/DD/YY):	End Date (MM/DD/YY):

STOLER PENNYMAC 000676



# REQUEST FOR MORTGAGE ASSISTANCE Other Properties Owned

## OTHER PROPERTIES OWNED

If you receive rental income from a property, other than the property with PennyMac, you must provide a copy of all Lease Agreements, along with bank statements showing deposits or rent checks. Otherwise, check the "Not Applicable" box below and sign this form:

☒ Not Applicable – I do NOT own any other homes.

Signature: J. Stoler Date: 3-1-17

Other Properties Owned		
<b>Other Property #1</b>		
Address:		
Mortgage Servicer Name:		
Loan #:	Monthly Payment:	Loan Balance:
The property is currently: Vacant: _____ Rented: _____ Seasonal/Second Home: _____		
If "Rented", how much rental income is collected each month?		
Monthly HOA Dues: \$		
If property taxes and homeowners insurance are not included in mortgage:	Monthly taxes: \$	Monthly Homeowners Insurance: \$
<b>Other Property #2</b>		
Address:		
Mortgage Servicer Name:		
Loan #:	Monthly Payment:	Loan Balance:
The property is currently: Vacant: _____ Rented: _____ Seasonal/Second Home: _____		
If "Rented", how much rental income is collected each month?		
Monthly HOA Dues: \$		
If property taxes and homeowners insurance are not included in mortgage:	Monthly taxes: \$	Monthly Homeowners Insurance: \$

**STOLER PENNYMAC\_000677**

# REQUEST FOR MORTGAGE ASSISTANCE Principal Residence Information

## PRINCIPAL RESIDENCE INFORMATION

- Fully complete each section of the form
- Provide the most up to date information on liens, property taxes, homeowners insurance and HOA dues

Principal Residence Information		
Principal Residence Address: 2122 21st St. Nitro, WV		
Are you requesting assistance on your principal residence? (Y/N) yes	If "Yes", do you want to keep the property or sell the property? keep	
Are there other mortgages or liens on this property? no		
If "Yes", provide the mortgage servicer or lien holder information below:		
Name: n/a	Contact Number:	Loan Number:
Name:	Contact Number:	Loan Number:
**Provide all known liens and mortgages. Add an additional page if needed.		
Do you have a condominium or homeowner association? no	If "Yes", what is the recurring association fee?	\$ _____ Monthly, quarterly or yearly?
Name & Address of HOA: n/a	Are the fees current?	If no, what is the balance due? \$ _____
If your mortgage payment does not include property taxes, are the taxes current?		
If your mortgage payment does not include homeowners insurance, is the insurance premium paid?		
If "No", when was the last insurance premium paid?		
Is the property listed for sale? no	If "Yes", when was it listed? (mm/dd/yy)	
Listing Agent's Name & Address: n/a		
Listing Agent's Phone & Email:		
Have you received a purchase offer?	If "Yes", when was the offer received?	
If "Yes", what is the amount of the offer?	What is the closing date?	
Contact your listing agent if you have any questions about completing this form		

STOLER PENNYMAC\_000678



# REQUEST FOR MORTGAGE ASSISTANCE Hardship Affidavit

## HARDSHIP AFFIDAVIT

- Clearly describe the reason you are having trouble paying your mortgage
- Provide as much detail about your hardship as possible with dates and timeframes for specific events
- Explain any steps you've taken to avoid defaulting on your loan, such as reducing expenses

I am having difficulty making my monthly payment because of financial difficulties created by:

<input type="checkbox"/> Unemployment	<input type="checkbox"/> Mortgage Payment Increase	<input type="checkbox"/> Military Service
<input checked="" type="checkbox"/> Reduction of Income	<input type="checkbox"/> Property Problems	<input type="checkbox"/> Inability to Rent Property
<input type="checkbox"/> Business Failure	<input type="checkbox"/> Title Problems	<input checked="" type="checkbox"/> Marital Difficulties
<input type="checkbox"/> Illness in Family	<input type="checkbox"/> Job Relocation	<input type="checkbox"/> Abandonment of Property
<input checked="" type="checkbox"/> Excessive Debt/Obligation	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Other (explain)

I believe that my situation is:

<input type="checkbox"/> Short Term (under 6 months)	<input type="checkbox"/> Long Term (over 6 months)	<input checked="" type="checkbox"/> Permanent
--	--	---

Explanation:

I have been struggling with excessive debt for some time and now - with a divorce the household income has drastically lowered. I do not make enough to pay this on my own. Ex paid mortgage and hasn't lived here for months. Thank you

(Continue on another page if necessary)

STOLER PENNYMAC 000679



# REQUEST FOR MORTGAGE ASSISTANCE

## Borrower Information

In order to fully evaluate your request for assistance, it's important that you complete all forms attached. On the following pages, you'll be asked to provide:

- Information about yourself and your intention with the property
- A detailed description of the hardship that has prevented you from paying your mortgage
- Information about your income, expenses and assets

**BORROWER INFORMATION FORM** – complete all sections of the below form. Indicate N/A for anything that doesn't apply to you or your loan.

Borrower Information					
Loan Number: [REDACTED]					
Address mortgaged property: 2122 21st St.					
City: Nitro	State: WV	Zip Code: 25143			
Borrower	Full Name: Jessica Stoler			Home Phone: 304-989-0514	
Mailing Address (if different from above)				Cell Phone: same ↑	
[REDACTED]			Date of Birth: 8-2-74	Email Address: Jessica.early@yahoo.com	
Mailing Address (if different from above)				Cell Phone:	
Social Security Number:		Date of Birth:		Email Address:	
Has any borrower filed for bankruptcy?			Has any bankruptcy been discharged?		
No:	Yes: Chapter 7	Yes: Chapter 13	No:	Yes:	N/A:
Date:	Date:	Date:	Date:	Date:	
Is borrower a service member? Yes <input checked="" type="radio"/> No <input type="radio"/>					
(circle one)					
If yes, have you recently been deployed away from your principal residence or recently received a permanent change of station order?					
Date:					
Property:	Currently how many single family properties other than your principal residence do you and/or any co-borrower(s) own individually, jointly, or with others? none				

STOLER PENNYMAC\_000680




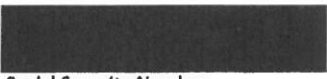
## Borrower's Authorization Form

### Authorization to Release Information

To Whom It May Concern:

1. The undersigned Borrower and Co-Borrower (If any) (Individually and collectively, "Borrower"), authorize PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, loss mitigation application status, account balances, program eligibility, and payment activity of the Borrower.
2. PennyMac Loan Services, LLC will take reasonable steps to verify your identity, but it has no responsibility or liability to verify the identity of any third party. PennyMac Loan Services, LLC also has no responsibility or liability for what a third party does with such information.
3. This Third-Party Authorization is valid when signed by all Borrowers and Co-Borrowers named on the mortgage and until PennyMac Loan Services, LLC receives a written revocation signed by any Borrower or Co-borrower.
4. A copy of this authorization may be accepted as an original.

### I UNDERSTAND AND AGREE WITH THE TERMS OF THIS THIRD-PARTY AUTHORIZATION:


Jessica Stoler

3-1-17  
 Borrower Signature Borrower Name Social Security Number Date

\_\_\_\_\_  
 Co-Borrower Signature Co-Borrower Name Social Security Number Date

### ~~Non-Borrower (Contributor)~~

The undersigned Non-Borrower authorizes PennyMac Loan Services, LLC to obtain, share, release, discuss and otherwise provide to and with you public and non-public personal information contained in or related to the mortgage loan of the Non-Borrower. This information may include (but is not limited to) the name, address, telephone number, social security number, credit score, credit report, income, government monitoring information, loss mitigation application status, account balances, program eligibility, and payment activity of the Non-Borrower.

I, Jessica Stoler, occupy the home at 2122 21st St and request my income be included in the review for a modification on the loan secured by the property address above.

This consent for a credit bureau report will expire upon completion of the modification review.

NAME (Non-Borrower) \_\_\_\_\_ Date: \_\_\_\_\_

Non-Borrower Social Security Number \_\_\_\_\_



I only received \$600 of this tax return. They kept the rest to pay off previous tax debt owed.

Jessica Stoler

03.01.17



Form <b>1040A</b>		Department of the Treasury—Internal Revenue Service <b>U.S. Individual Income Tax Return (99)</b>		<b>2016</b>		IRS Use Only—Do not write or staple in this space.																																				
Your first name and initial <b>Jessica L</b>			Last name <b>Stoler</b>			OMB No. 1545-0074																																				
If a joint return, spouse's first name and initial			Last name			Your social security number [REDACTED]																																				
Home address (number and street). If you have a P.O. box, see instructions. <b>2122 21st St</b>			Apt. no.			▲ Make sure the SSN(s) above and on line 6c are correct.																																				
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>Nitro WV 25143</b>			Foreign country name			Foreign province/state/county																																				
Foreign postal code			Foreign postal code			Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse																																				
<b>Filing status</b> Check only one box.		<b>1</b> <input type="checkbox"/> Single <b>2</b> <input type="checkbox"/> Married filing jointly (even if only one had income) <b>3</b> <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶ <b>4</b> <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ <b>5</b> <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)																																								
<b>Exemptions</b>		<b>6a</b> <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, <b>do not</b> check box 6a. <b>b</b> <input type="checkbox"/> <b>Spouse</b> <b>c Dependents:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)</th> </tr> </thead> <tbody> <tr> <td>Ryan L</td> <td>Eary</td> <td>[REDACTED]</td> <td>Son</td> <td><input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td><input type="checkbox"/></td></tr> </tbody> </table>						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)	Ryan L	Eary	[REDACTED]	Son	<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>					<input type="checkbox"/>
(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)																																						
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				<input type="checkbox"/>																																						
If more than six dependents, see instructions.						<b>Boxes checked on 6a and 6b</b> <b>No. of children on 6c who:</b> • lived with you <b>1</b> • did not live with you due to divorce or separation (see instructions) <b>Dependents on 6c not entered above</b> <b>Add numbers on lines above ▶</b> <b>2</b>																																				
		<b>d</b> Total number of exemptions claimed.																																								
<b>Income</b>		<b>7</b> Wages, salaries, tips, etc. Attach Form(s) W-2. <b>7</b> <b>29,756.</b> <b>8a</b> Taxable interest. Attach Schedule B if required. <b>8a</b> <b>b</b> Tax-exempt interest. <b>Do not</b> include on line 8a. <b>8b</b> <b>9a</b> Ordinary dividends. Attach Schedule B if required. <b>9a</b> <b>b</b> Qualified dividends (see instructions). <b>9b</b> <b>10</b> Capital gain distributions (see instructions). <b>10</b> <b>11a</b> IRA distributions. <b>11a</b> <b>11b</b> Taxable amount (see instructions). <b>11b</b> <b>12a</b> Pensions and annuities. <b>12a</b> <b>12b</b> Taxable amount (see instructions). <b>12b</b> <b>13</b> Unemployment compensation and Alaska Permanent Fund dividends. <b>13</b> <b>14a</b> Social security benefits. <b>14a</b> <b>14b</b> Taxable amount (see instructions). <b>14b</b> <b>15</b> Add lines 7 through 14b (far right column). This is your <b>total income</b> . ▶ <b>15</b> <b>29,756.</b>																																								
<b>Adjusted gross income</b>		<b>16</b> Educator expenses (see instructions). <b>16</b> <b>17</b> IRA deduction (see instructions). <b>17</b> <b>18</b> Student loan interest deduction (see instructions). <b>18</b> <b>19</b> Tuition and fees. Attach Form 8917. <b>19</b> <b>20</b> Add lines 16 through 19. These are your <b>total adjustments</b> . <b>20</b> <b>21</b> Subtract line 20 from line 15. This is your <b>adjusted gross income</b> . ▶ <b>21</b> <b>29,756.</b>																																								

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040A (2016)

 BAA  
 REV 12/30/16 intut dg cfp sp  
**STOLER\_PENNYMAC\_000683**

Form 1040A (2016)

Page 2

<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	29,756.
	<b>23a</b>	Check <input type="checkbox"/> You were born before January 2, 1952, <input type="checkbox"/> Blind <input type="checkbox"/> Spouse was born before January 2, 1952, <input type="checkbox"/> Blind <b>Total boxes checked</b> <input type="checkbox"/> <b>23a</b>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here <input type="checkbox"/> <b>23b</b>		
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300	<b>24</b>	Enter your <b>standard deduction</b> .	24	9,300.
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	20,456.
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	8,100.
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	12,356.
		This is your <b>taxable income</b> .		
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	1,238.
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	<b>30</b>	Add lines 28 and 29.	30	1,238.
	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
	<b>33</b>	Education credits from Form 8863, line 19.	33	
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	
	<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37	1,238.
	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	0.
	<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	1,238.
	<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	1,311.
	<b>41</b>	2016 estimated tax payments and amount applied from 2015 return.	41	
	<b>42a</b>	<b>Earned income credit (EIC).</b>	42a	1,522.
	<b>b</b>	Nontaxable combat pay election. <b>42b</b>		
	<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	
	<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
	<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
	<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	46	2,833.
<b>Refund</b>	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	1,595.
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	48a	1,595.
	<b>b</b>	Routing number <input type="text"/> <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <input type="text"/>		
	<b>49</b>	Amount of line 47 you want <b>applied to your 2017 estimated tax</b> .	49	
<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	50	
	<b>51</b>	Estimated tax penalty (see instructions).	51	
<b>Third party designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No			
	Designee's name <input type="text"/>	Phone no. <input type="text"/>	Personal identification number (PIN) <input type="text"/>	
<b>Sign here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
	Your signature <input type="text"/>	Date <input type="text"/>	Your occupation <input type="text"/>	Daytime phone number <input type="text"/>
	Spouse's signature. If a joint return, <b>both</b> must sign. <input type="text"/>	Date <input type="text"/>	Spouse's occupation <input type="text"/>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<b>Paid preparer use only</b>	Print/type preparer's name <input type="text"/>	Preparer's signature <input type="text"/>	Date <input type="text"/>	Check <input type="checkbox"/> if self-employed PTIN <input type="text"/>
	Firm's name <input type="text"/>	Firm's EIN <input type="text"/>	Phone no. <input type="text"/>	
	Firm's address <input type="text"/>			



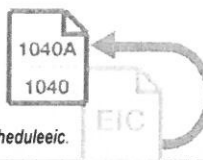
**SCHEDULE EIC**  
(Form 1040A or 1040)Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Jessica L Stoler

**Earned Income Credit**  
Qualifying Child Information

▶ Complete and attach to Form 1040A or 1040 only if you have a qualifying child.

▶ Information about Schedule EIC (Form 1040A or 1040) and its instructions is at [www.irs.gov/scheduleeic](http://www.irs.gov/scheduleeic).

OMB No. 1545-0074

**2016**Attachment  
Sequence No. **43**

Your social security number

**Before you begin:**

- See the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, to make sure that (a) you can take the EIC, and (b) you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce or disallow your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 1-800-772-1213.



- You can't claim the EIC for a child who didn't live with you for more than half of the year.
- If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.
- It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.

**Qualifying Child Information****Child 1****Child 2****Child 3**

	First name	Last name	First name	Last name	First name	Last name
<b>1 Child's name</b> If you have more than three qualifying children, you have to list only three to get the maximum credit.	Ryan L Eary					
<b>2 Child's SSN</b> The child must have an SSN as defined in the instructions for Form 1040A, lines 42a and 42b, or Form 1040, lines 66a and 66b, unless the child was born and died in 2016. If your child was born and died in 2016 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records.	[REDACTED]					
<b>3 Child's year of birth</b>	Year [REDACTED]		Year _____		Year _____	
	If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.		If born after 1997 and the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.	
<b>4 a</b> Was the child under age 24 at the end of 2016, a student, and younger than you (or your spouse, if filing jointly)?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.	Go to line 5.	Go to line 4b.
<b>b</b> Was the child permanently and totally disabled during any part of 2016?	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.	<input type="checkbox"/> Yes.	<input type="checkbox"/> No.
	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.	Go to line 5.	The child is not a qualifying child.
<b>5 Child's relationship to you</b> (for example, son, daughter, grandchild, niece, nephew, foster child, etc.)	Son					
<b>6 Number of months child lived with you in the United States during 2016</b>  • If the child lived with you for more than half of 2016 but less than 7 months, enter "7." • If the child was born or died in 2016 and your home was the child's home for more than half the time he or she was alive during 2016, enter "12."	_____ 12 months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.		_____ months Do not enter more than 12 months.	

For Paperwork Reduction Act Notice, see your tax return instructions.

BAA

REV 12/30/16 Intuit cc ctp sp

Schedule EIC (Form 1040A or 1040) 2016

**STOLER\_PENNYMAC\_000685**



**IT-140W**

REV. 7-15

**West Virginia Withholding Tax Schedule****2015**

Do NOT send W-2's, 1099's, K-1's and/or WV/NRW-2's with your return.

Enter WV withholding information below.

**THIS FORM MUST BE FILED EVEN IF YOU HAVE NO INCOME OR WITHHOLDING.**

PRIMARY LAST NAME SHOWN ON FORM IT-140 <b>STOLER</b>		SOCIAL SECURITY NUMBER <span style="background-color: black; color: black;">[REDACTED]</span>
--	--	---

<b>1</b> A – Employer or Payer Information	B – Employee or Taxpayer Information	C – WV Tax Withheld
231341909 <small>Employer ID or Payer ID from W-2, 1099, K-1, and/or WV/NRW-2</small>  <b>CDI CORPORATION</b> <small>Employer or Payer Name</small>  125 LAKEVIEW DR <small>Address</small> <b>CROSS LANES WV 25313</b> <small>City, State, ZIP</small>	<b>STOLER L JESSICA</b> <small>Name</small> <span style="background-color: black; color: black;">[REDACTED]</span> <small>Social Security Number</small>  <div style="text-align: right;"><b>29756.00</b></div> <small>Income Subject to WV WITHHOLDING</small>	<div style="text-align: right;"><b>1048.00</b></div> <small>WV WITHHOLDING</small>  Check the appropriate box <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> W-2         <input type="checkbox"/> 1099         <input type="checkbox"/> K-1         <input type="checkbox"/> WV/NRW-2       </div> <div style="text-align: center;"> <b>WV</b>  <small>Enter State Abbreviation (from Box #15 on W-2 or Box #13 on 1099R)</small> </div> <div style="text-align: center;"><b>Enter WV withholding Only</b></div>

<b>2</b> A – Employer or Payer Information	B – Employee or Taxpayer Information	C – WV Tax Withheld
  <small>Employer ID or Payer ID from W-2, 1099, K-1, and/or WV/NRW-2</small>    <small>Employer or Payer Name</small>    <small>Address</small>    <small>City, State, ZIP</small>	  <small>Name</small>    <small>Social Security Number</small>  <div style="text-align: right;"><b>.00</b></div> <small>Income Subject to WV WITHHOLDING</small>	<div style="text-align: right;"><b>.00</b></div> <small>WV WITHHOLDING</small>  Check the appropriate box <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2         <input type="checkbox"/> 1099         <input type="checkbox"/> K-1         <input type="checkbox"/> WV/NRW-2       </div> <div style="text-align: center;">   <small>Enter State Abbreviation (from Box #15 on W-2 or Box #13 on 1099R)</small> </div> <div style="text-align: center;"><b>Enter WV withholding Only</b></div>

<b>3</b> A – Employer or Payer Information	B – Employee or Taxpayer Information	C – WV Tax Withheld
  <small>Employer ID or Payer ID from W-2, 1099, K-1, and/or WV/NRW-2</small>    <small>Employer or Payer Name</small>    <small>Address</small>    <small>City, State, ZIP</small>	  <small>Name</small>    <small>Social Security Number</small>  <div style="text-align: right;"><b>.00</b></div> <small>Income Subject to WV WITHHOLDING</small>	<div style="text-align: right;"><b>.00</b></div> <small>WV WITHHOLDING</small>  Check the appropriate box <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2         <input type="checkbox"/> 1099         <input type="checkbox"/> K-1         <input type="checkbox"/> WV/NRW-2       </div> <div style="text-align: center;">   <small>Enter State Abbreviation (from Box #15 on W-2 or Box #13 on 1099R)</small> </div> <div style="text-align: center;"><b>Enter WV withholding Only</b></div>

<b>4</b> A – Employer or Payer Information	B – Employee or Taxpayer Information	C – WV Tax Withheld
  <small>Employer ID or Payer ID from W-2, 1099, K-1, and/or WV/NRW-2</small>    <small>Employer or Payer Name</small>    <small>Address</small>    <small>City, State, ZIP</small>	  <small>Name</small>    <small>Social Security Number</small>  <div style="text-align: right;"><b>.00</b></div> <small>Income Subject to WV WITHHOLDING</small>	<div style="text-align: right;"><b>.00</b></div> <small>WV WITHHOLDING</small>  Check the appropriate box <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> W-2         <input type="checkbox"/> 1099         <input type="checkbox"/> K-1         <input type="checkbox"/> WV/NRW-2       </div> <div style="text-align: center;">   <small>Enter State Abbreviation (from Box #15 on W-2 or Box #13 on 1099R)</small> </div> <div style="text-align: center;"><b>Enter WV withholding Only</b></div>

 Total WV tax withheld from column C above..... **1048.00**

 If you have WV withholding on multiple pages, add the totals together and enter the **GRAND** total on line 11, Form IT-140.
**STOLER PENNYMAC 1000686 \***

**IT-140**

REV 10-15

**West Virginia Personal Income Tax Return****2015**

Extended Due Date    Check box ONLY if you are a fiscal year filer ☐ Year End

MM DD YYYY

SOCIAL SECURITY NUMBER  Deceased Prime ☐ \*SPOUSE'S SOCIAL SECURITY NUMBER  Deceased Spouse ☐

Date of Death  Date of Death

STOLER Last Name Suffix JESSICA Your First Name MI L

Spouse's Last Name – Only if different from Last Name above Suffix Spouse's First Name MI

2122 21ST ST First Line of Address Second Line of Address

NITRO City WV State 25143 Zip Code

Telephone Number: 3049890516

☐ Amended return ☐ Check before 4/18/16 if you wish to stop the original debit (amended return only) ☐ Net Operating Loss ☐ Filing as a nonresident/part-year resident (See instructions on Page 15) ☐ Form WV-8379 filed as an injured spouse

**Filing Status (Check One)**

- 1 ☐ Single
- 2 ☒ Head of Household
- 3 ☐ Married, Filing Joint
- 4 ☐ Married, Filing Separate  
\*Enter spouse's SS# and name in the boxes above
- 5 ☐ Widow(er) with dependent child

**Exemptions:** (If someone can claim you as a dependent, leave box (a) blank.)

Enter "1" in boxes a and b if they apply

Yourselves (a) 1

Spouse (b) 1

(c) 1

c. List your dependents. If more than five dependents, continue on Schedule DP.  
Enter total number here.....

First name	Last name	Social Security Number	Date of Birth (MM DD YYYY)
RYAN	EARY	<input type="text"/>	<input type="text"/>

d. Additional exemption if surviving spouse (see page 20)

Enter decedent's SSN:

Year Spouse Died:

(d)

e. Total Exemptions (add boxes a, b, c, and d). Enter here and on line 6 below. If box e is zero, enter \$500 on line 6 below.

(e)

2

1. Federal Adjusted Gross Income or income to claim senior citizen tax credit from Schedule SCTC-1.....	1	29756.00
2. Additions to income (line 38 of Schedule M).....	2	.00
3. Subtractions from income (line 55 of Schedule M).....	3	.00
4. West Virginia Adjusted Gross Income (line 1 plus line 2 minus line 3).....	4	29756.00
5. Low-Income Earned Income Exclusion (see worksheet on page 24 of the instruction booklet).....	5	.00
6. Total Exemptions as shown above on Exemption Box (e) <sup>2</sup> x \$2,000.....	6	4000.00
7. West Virginia Taxable Income (line 4, minus lines 5 & 6) IF LESS THAN ZERO, ENTER ZERO.....	7	25756.00
8. Income Tax Due (Check One) <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Rate Schedule <input type="checkbox"/> Nonresident/Part-year resident calculation schedule.....	8	934.00
9. Family Tax Credit if applicable (see required schedule on page 14).....	9	0.00
10. Total Taxes Due (line 8 minus line 9).....	10	934.00

**TAX DEPT USE ONLY**

PAYMENT CORR SCTC NRSR HEPTC  
PLAN ☐ ☐ ☐ ☐ ☐

**STOLER PENNYMAC 000687**



PRIMARY LAST NAME  
SHOWN ON FORM  
IT-140

STOLER

SOCIAL  
SECURITY  
NUMBER

<b>10. Total Taxes Due (from previous page)</b>	10	934.00
11. West Virginia Income Tax Withheld ( <b>SEE INSTRUCTIONS</b> ) <b>CHECK HERE IF WITHHOLDING IS FROM NRSR (NON RESIDENT SALE OF REAL ESTATE)</b>	11	1048.00
12. Estimated Tax Payments and Payments with Schedule L	12	0.00
13. Senior Citizen Tax Credit for property tax paid from Schedule SCTC-1	13	.00
14. Homestead Excess Property Tax Credit for property tax paid from Schedule HEPTC-1	14	.00
15. Credits from Tax Credit Recap Schedule (see schedule on page 6)	15	.00
16. Amount paid with original return (amended return only)	16	.00
17. Payments and Credits (add lines 11 through 16)	17	1048.00
18. Overpayment previously refunded or credited (amended return only)	18	.00
19. Total payments and credits (line 17 minus line 18)	19	1048.00
20. Penalty Due from Form IT-210. <b>CHECK IF REQUESTING WAIVER/ANNUALIZED WORKSHEET ATTACHED</b> If you owe penalty, enter here	20	.00
21. Subtract line 20 from line 19 and enter total, (if line 20 is larger, subtract 19 from 20 add to line 10 and enter on line 22)	21	1048.00
22. Balance of Income Tax Due (line 10 minus line 21). If line 21 is greater than line 10, skip to line 23	22	.00
23. If line 21 is greater than line 10, subtract line 10 from line 21. This is your income tax overpayment	23	114.00
24. West Virginia Use Tax Due on out-of-state purchases (see Schedule UT on page 7). If this amount is greater than line 23, go on to line 25. If this amount is less than line 23, skip to line 26	24	.00
25. Subtract line 23 from line 24 and add line 22, this is the total balance of tax due	25	.00
26. Subtract line 24 from line 23, this is your total overpayment	26	114.00
27. Amount of overpayment to be credited to your 2016 estimated tax	27	.00
28. West Virginia Children's Trust Fund to help prevent child abuse and neglect. Enter the amount of your contribution <input type="checkbox"/> \$5 <input type="checkbox"/> \$25 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$	28	.00
29. Deductions from your overpayment (Add lines 27 and 28)	29	.00
30. Refund due you (subtract line 29 from line 26) <b>REFUND</b>	30	114.00
31. Total amount due the State (line 25 plus line 28) <b>PAY THIS AMOUNT</b>	31	.00

Direct  
Deposit  
of Refund☒ CHECKING ☐ SAVINGS

ROUTING NUMBER

ACCOUNT NUMBER

**PLEASE REVIEW YOUR ACCOUNT INFORMATION FOR ACCURACY. PROVIDING INCORRECT ACCOUNT INFORMATION MAY RESULT IN A \$15.00 RETURNED PAYMENT CHARGE.**Under penalties of perjury, I declare that I have examined this return, accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I authorize the State Tax Department to discuss my return with my preparer. YES ☐ NO ☐

Your Signature

Date

Spouse's Signature

Date

Telephone Number

SELF - PREPARED

Signature of preparer other than above

Date

Address

Telephone Number

Preparer's EIN

Preparer: Check here if  
client is requesting that  
form NOT be e-filedREFUND  
WV State Tax Department  
P.O. Box 1071  
Charleston, WV 25324-1071

MAIL TO:

BALANCE DUE  
WV State Tax Department  
P.O. Box 3694  
Charleston, WV 25336-3694**Payment Options**

Returns filed with a balance of tax due may use any of the following payment options

- Check or Money Order - If you filed a paper return, enclose your check or money order with your return. If you electronically filed, mail your check or money order with the payment voucher IT-140V that is provided to you after the submission of your tax return.
- Electronic Funds Transfer - If you electronically filed your return, your tax payment may be automatically deducted from your checking account. You may elect to authorize the withdrawal to occur at the time the return is filed or delay payment any time between filing and due date of April 18, 2016.
- Payment by credit card - Payments may be made using your Visa® Card, Discover® Card, American Express® Card or MasterCard®. Visit tax.wv.gov

-2-

1555

REV 10/28/16 NJT/GOP/SP



STOLER PENNYMAC 000688